

Name in Full

Certificate of Death

James Bounds  
 Town County  
 Died at Maryland, M.C. MARYLAND  
 Date 1903 7 9 Y. M. D. Age 19 Native of Mo Occupation Farmer  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1  
 Husband of Lottie Taylor  
 Wife of Lottie Taylor  
 Father's Name Jas. C. Bounds Mother's Name Elizabeth Love  
 Cause of Death { Primary Enteric fever How long sick 5 weeks  
 Immediate Hemorrhage Accident, Suicide, Homicide  
 Reported by J. S. Long  
 Address Allin Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Dorothy Evelyn Brittingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico Co</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>8<sup>th</sup></i>	Age	Years <i>5</i>	Months <i>15</i> Days
Sex	Color or Race <i>white</i>	Birth-place <i>Salisbury</i>			
Married, Single or Widowed <i>single</i>		Occupation			
Name of Wife or Husband <i>Wm S. B. Brittingham</i>					
Father's Name <i>Wm S. B.</i>		Father's Birthplace <i>Girdle Neck Hill</i>			
Mother's Maiden Name <i>Miss Ida Trindle</i>		Mother's Birthplace <i>Salisbury</i>			
Name of person giving information <i>S. B. Brittingham</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i> <i>105</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion + heat</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Wick</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>/</i>	



*Helen May Cantwell*

Died at *Salisbury* <sup>Town</sup> *Wisconsin* <sup>County</sup> *MARYLAND*

Date 19 *03* *July* <sup>Month</sup> *18* <sup>Day</sup> *Swiss* <sup>Y.</sup> *Ind* <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
~~Female~~ ~~Colored~~ <sup>Single</sup> ~~Widower~~ Number of children living

Husband  
of

Wife

Father's Name *Wilmer Cantwell* Mother's Name *Florence Cantwell*

Cause of Death { Primary *Indigestion and Thrush* How long sick *2 or 3 weeks*  
 { Immediate *Inanition* Accident, Suicide, Homicide

Reported by

Address

*J. M. Clemons M.D.*  
*Salisbury Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lizzie Chatham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Sharp Point

Town

Wicomico

County

MARYLAND

Date

of death 1903

Month

July

Day

2

Years

Age 85

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
placeMarried, Single  
or Widowed

Widow

Occupation

Name of Wife or  
Husband

Elijah Chatham

Father's  
Name

John Dailey

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

13

How related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera morbus

How long

one day

Immediate

Probable Heat —

How long

about 4 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

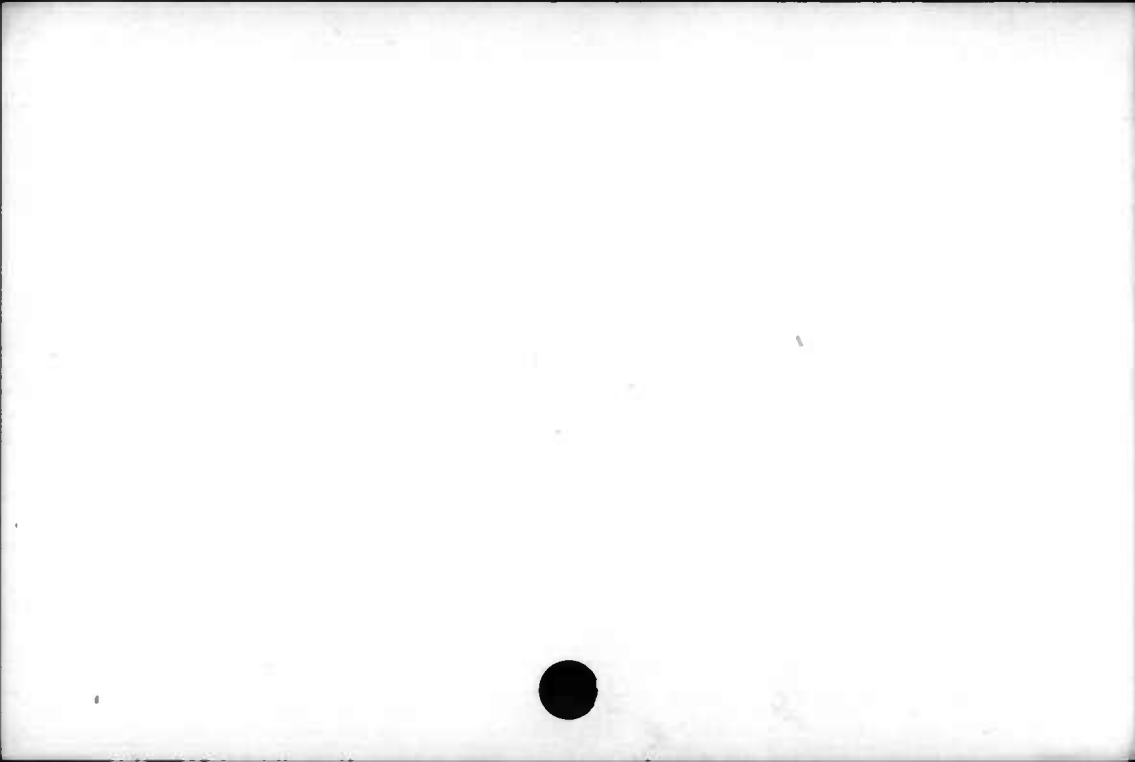
Signature of  
Physician

Geo. H. Todd

Address

Salisbury Md

Accident or Suicide?





Name in Full

Certificate of Death

Henry Dashiehl colored  
 Town Quantico County Wicomico MARYLAND  
 Died 1903 July 22 Month Day Y. M. D. Native of Quantico Md Occupation  
 Date 189 Male White Married ~~Widow~~ Divorced  
~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband of Amanda Dashiehl colored  
~~Wife~~ Father's Name David Dashiehl Mother's Name Susan Dashiehl

Cause of Primary Paralysis How long sick 1 week  
 Death Immediate Diarrhoea Accident Suicide Homicide

Reported by W. H. B. Dashiehl M.D.  
 Address Quantico M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bernice S Eavans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Mardela* Town*Wicomico* County

MARYLAND

Date

of death 1903

7

Month

19

Day

Age

Years

Months

6

Days

14

Sex

*Female*Color or  
Race*White*Birth-  
place*Wicomico*Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name*Jeff Eavans*Father's  
Birthplace*Wicomico*Mother's  
Maiden Name*Manerva Eavans*Mother's  
Birthplace*Wicomico*Name of person giving  
In formation*Jeff Eavans*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Dysentery*

How long

*3 months*

Immediate

*Shams*

How long

*1 Day*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*A L Sealover**Mardela Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Fulton L. Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> <sup>Month</sup>	<i>31</i> <sup>Day</sup>	Age <i>0</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>28</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Salisbury Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter L. Elliott</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margaret E. Smith</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J. R. P. Elliott</i>			How related to deceased <i>Grand Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bacter. intestinal infection.</i>	How long <i>Several</i>
Immediate <i>Inauspicious</i>	How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Williams M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>24</i>	Age <i>70</i>	Years	Months <i>4</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Wicomico</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Teamster</i>					
Name of Wife or Husband <i>Sallie A Ellis</i>							
Father's Name <i>_____</i>				Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>				Mother's Birthplace <i>_____</i>			
Name of person giving In formation <i>Sallie A Ellis</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright's</i>	How long <i>2 years</i>
Immediate <i>Uræmia</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Roberts</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	





Name  
in  
Full

Carlton J Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i>		Town		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>4th</i>	Age <i>23</i>	Years	Months <i>3</i>	Days <i>13</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Worcester Co Del</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Bk Keeper</i>					
Name of Wife or Husband							
Father's Name <i>Nathan W Evans</i>				Father's Birthplace <i>Worcester Co Md</i>			
Mother's Maiden Name <i>Belle Cannon</i>				Mother's Birthplace <i>Dagsboro Del</i>			
Name of person giving information <i>Frank W Evans</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 or 3 years</i>
Immediate <i>Diarrhea with Hemorrhage</i>	How long <i>1 or 2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. M. Slemons</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John W Fields

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

July

23

Age

36

Sex

male

Color or  
Race

Black

Birth-  
place

Md

Married, Single  
or Widowed

married

Occupation

Laborer

Name of Wife or  
Husband

Lizzie Field

Father's  
Name

Lawrence Fields

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
information

Lizzie Fields

How related  
to deceased

wife

## CAUSES OF DEATH

Primary

La Grippe

10

How long

for 4 weeks

Immediate

Pulmonary Tuberculosis

How long

for 4 months

Are the name, age, sex, color, date  
and place correctly given above?

age 43

Signature of  
Physician

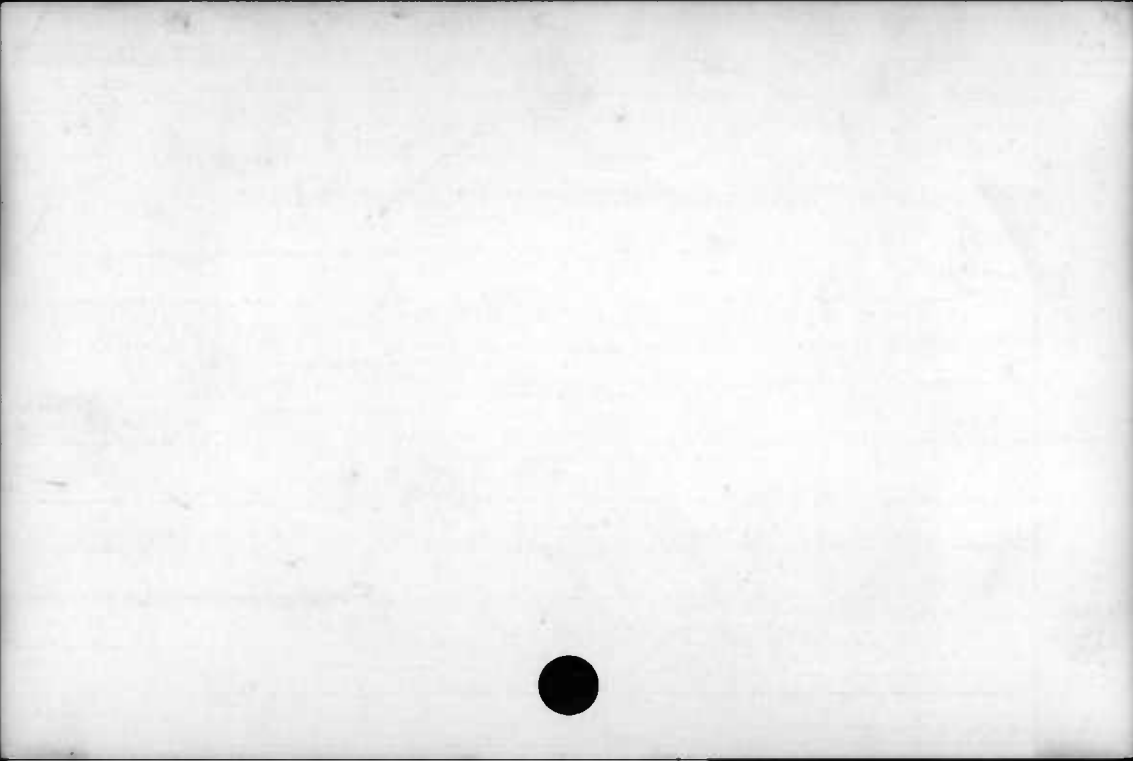
Dr. H. Felt

Address

Salisbury Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Name in Full Lizzie Gale  
 Died at Quantico Town Quantico County Wicomico MARYLAND  
 Date 189 1903 Month July Day 10 Y. 6 M. 6 D. 6 Native of Quantico Occupation   
 Male Male Female Female White Colored Married Single Widow Widower Divorced Number of children living   
 Husband of   
 Wife of   
 Father's Name James Gale Mother's Name Lizzie Gale  
 Cause of Death { Primary Dysentery Immediate Do How long sick 3 weeks  
Accident Suicide Homicide  
 Reported by Wm. H. H. Dashiell M.D.  
 Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Susan Gale

Town

County

Wicomico

MARYLAND

Died at *Quantico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 July

18

Age

6

*Quantico District*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

~~Husband~~~~Wife~~ of

Father's

Name

Mother's

Name

*Hans Gale**Elizabeth Gale*

How long sick

*2 weeks*

Accident, Suicide, Homicide

Cause of

Primary

Death

Immediate

*Dysentery*

Reported by

*Wm. H. H. Dashiell M.D.*

Address

*Quantico Md*





Mrs. Eliza J. Gillis

Town

County

MARYLAND

Died at *Dalisbury Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 17

Age 49

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband  
of

George Gillis

Wife

Father's

Name

Mother's

Maiden Name

Margaret Mice

Cause of

Primary

Gastro-Enteritis

How long sick

2 or 3 years

Death

Immediate

Acute attack of same

Accident, Suicide, Homicide

Reported by

J. M. Plennons M.D.

Address

106 Dalisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Geo Washington Gilliss

Town

County

MARYLAND

Died at *Mardela* *Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**7. 7*

Age

*68*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife *Fannie A. Gillis*

Father's

Mother's

Name *Sam Gillis* Maiden Name *F*

Cause of Primary

How long sick

Death Immediate *Consumption*

Accident, Suicide, Homicide

Reported by

*C. L. Englin*

Address

*Mardela*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Hugh Goslee  
 Town Salisbury County Wicomico MARYLAND  
 Died at Salisbury  
 Date 1903 July 2 Month Day Y. M. D.  
 Age 17-6 Native of Ind. Occupation work in furniture store  
 Male White Married Widow ~~Divorced~~  
~~Female~~ Colored Single Widower Number of children living None

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name Theodore Goslee Mother's Maiden Name Martha Malone

Cause of Death { Primary \_\_\_\_\_  
 Immadiata Drowning  
 How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide \_\_\_\_\_

Reported by Geo. C. Hull

Address Salisbury Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Age

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

Carl Handy

Died at <sup>Town</sup> Pabobury <sup>County</sup> Hiermieu

MARYLAND

Date 1903 <sup>Month</sup> July <sup>Day</sup> 14 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 41 <sup>Native of</sup> — <sup>Occupation</sup> Brick-maker

Male ~~Female~~ <sup>White</sup> ~~Colored~~ Married ~~Single~~ Widower ~~Divorced~~ Number of children living 7

Husband of Julia Handy

Wife

Father's Name

Mother's Name

Cause of Death { Primary Hurt by falling clay 160

Death { Immediate

How long sick 15 days

Accident, Suicide, Homicide

Reported by L. C. Freemy

Address Pabobury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Carl Handy

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

July 1

Age

56

Maryland

Truckmaker

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

of

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Crushing by falling wall

How long sick

Death

Immediate

Probably embolism

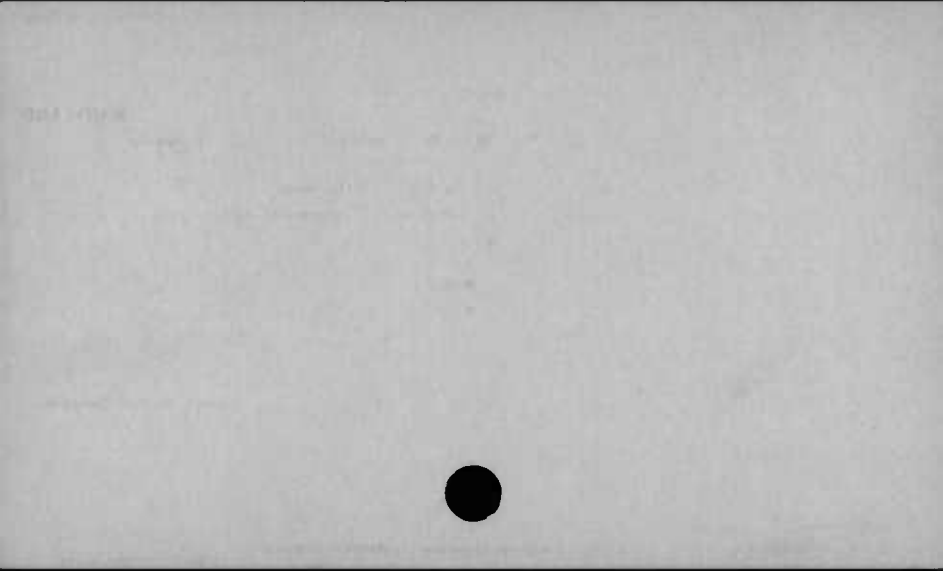
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Died at

MARYLAND

Date 1903

Male

~~Female~~

Month Day

July 8

Age 64

Married

~~Single~~

Y. M. D.

Native of

Occupation

Laborer

~~Widow~~~~Divorced~~Widower

Number of children living

Husband of

~~Wife~~ Rachel Hayman

Father's Name

Mother's

Maiden Name

Cause of

Primary

Chronic Bright's disease

How long sick

Several months

Death

Immediate

Uremia - heart failure

Accident, Suicide, Homicide

Reported by

Louis W. Meoni M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Amiens Hayman

Town

County

MARYLAND

Died at Shad Point Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 July 3

Age 44

Ind.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife Levin Hayman

Father's Mother's

Name Washbourn Maiden Name

Cause of Primary

How long sick

Death Immediate

Bowel Trouble

Accident, Suicide, Homicide

Reported by Geo. C. Hull

Address Salisbury Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor



Name  
in  
Full

## CERTIFICATE OF DEATH

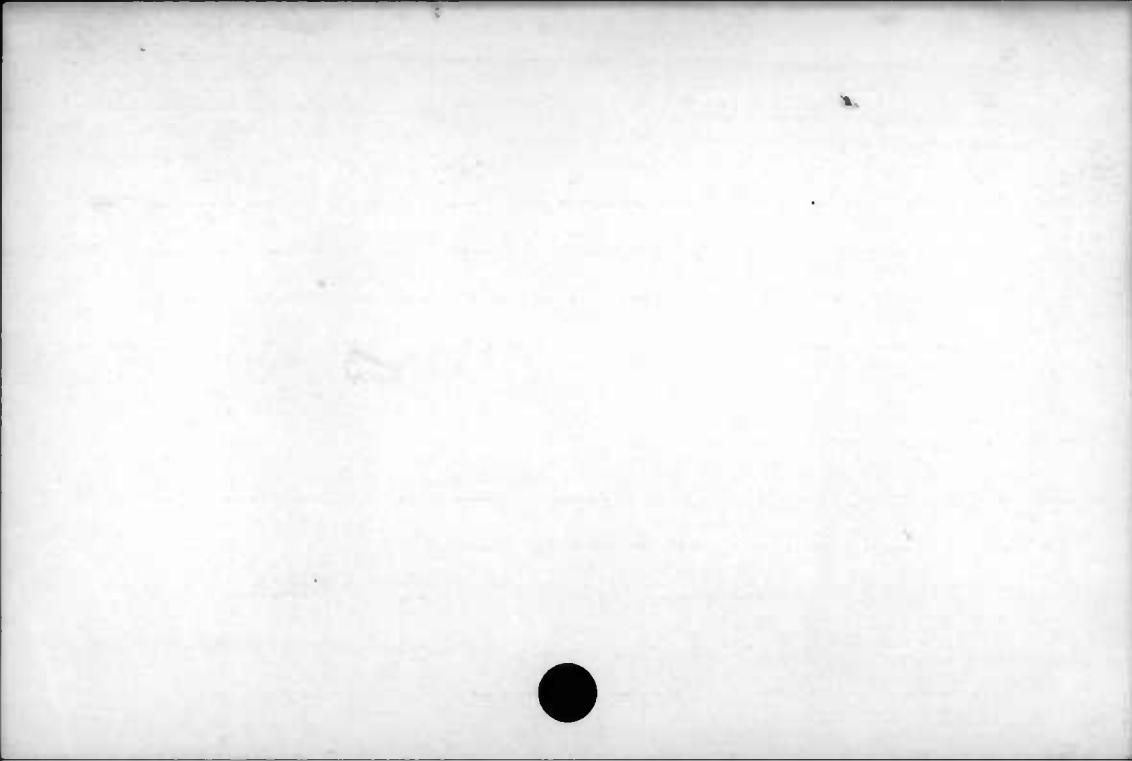
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>18</i>	Age <i>63</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Sallie Barker</i>							
Father's Name <i>John Hearn</i>			Father's Birthplace <i>Md.</i>				
Mother's Marden Name <i>Charlotte Wood</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Perry Wood</i>			How related to deceased <i>Half Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Chronic Bright's Disease</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>Louis Williams MD</i> <i>Delisbury Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

*Lotta Jones*  
 Town County

Died at

*Salisbury* *Wicomico*

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

*July 26*

Age

*15 3 6*

*Md*

*Housework*

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

*Samuel Jones*

*Cora Taylor*

Cause of

Primary

*Typhoid Fever*

How long sick

*3 weeks*

Death

Immediate

*Hemorrhage*

~~Accident, Suicide, Homicide~~

Reported by

*Geo. H.*

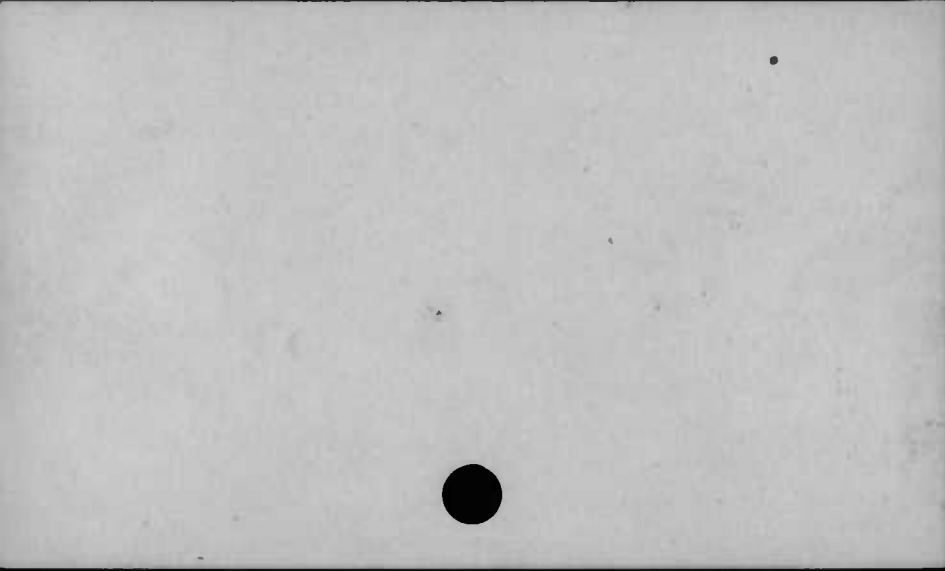
*Todd*

Address

*Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Leah E Kent

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>25</i>	Age <i>75</i> Years	Months <i>1 mo</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>White Haven Md</i>		
<del>Married, Single or Widowed</del> <i>Widowed</i>			Occupation _____		
Name of <del>Wife or</del> <i>Widow</i> <i>Jas H Kent</i> Husband					
Father's Name <i>Thos B Robertson</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Martha Ayers</i>			Mother's Birthplace _____		
Name of person giving information <i>J Kent</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>24 hours</i>
Immediate <i>Heart Failure</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Simmons M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name In Full *Sarah Leavy*

Town *Mardela Springs* County *W. Virginia* MARYLAND

Died at *Mardela Springs*

Date 1903 *July 28* Month *July* Day *28* Y. *32* M. *5* D. *27* Native of *England* Occupation *Housewife*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *0*

Husband of *Samuel B. Leavy*  
 Wife of *Samuel B. Leavy*

Father's Name *Charles, Mrs* Mother's Maiden Name *Jesse Alundana*

Cause of Death { Primary *Septic infection* How long sick *11 days*  
 Immediate *Exhaustion from Septic poison* ~~Accident, Suicide, Homicide~~

Reported by *Louis W. Wilson M.D.*

Address *Mardela Springs W. Va.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Cecil James Messick

## CERTIFICATE OF DEATH

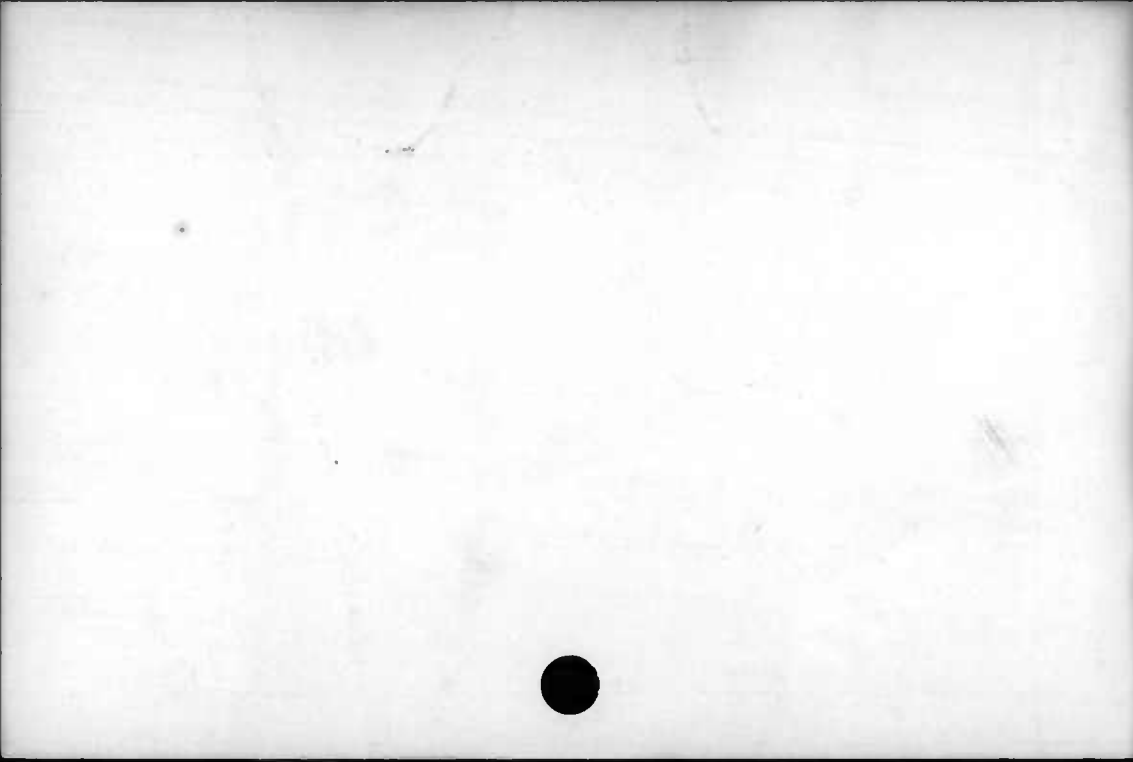
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>4</u>	Age	Years	Months <u>1</u> Days <u>5</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Salisbury Md</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Samuel W Messick</u>			Father's Birthplace <u>Penn</u>		
Mother's Maiden Name <u>Maud Hitch</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Samuel W Messick</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Don't know</u>	How long	<u>all his life</u>
Immediate	<u>151</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D E Hollaway &amp; Co</u>	
<u>not in use</u>		Address <u>Undertakers</u>	
Accident or Suicide?		<u>Salisbury Md</u>	



Name  
in  
Full

MILLS

## CERTIFICATE OF DEATH

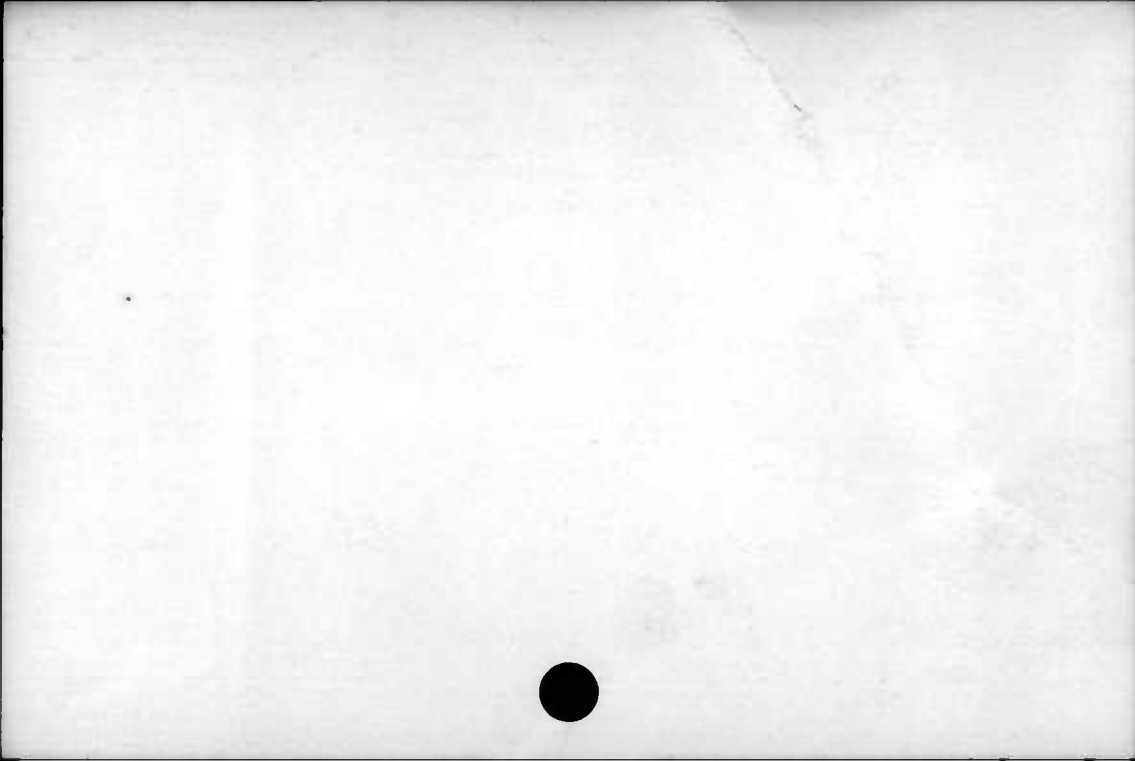
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Salisbury</i> Town			<i>Wicomico</i> County			MARYLAND		
Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>27</i>		Age <i>15</i> Years		Months <i>3</i> Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i>Student</i>				
Name of Wife or Husband <i>None</i>								
Father's Name <i>Jos. L. Mills</i>				Father's Birthplace <i>Madison, Ind.</i>				
Mother's Maiden Name <i>Sadie M. Mills</i>				Mother's Birthplace <i>Salisbury</i>				
Name of person giving information <i>Jos. L. Mills</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Presumed birth</i>		How long <i>151</i>	
Immediate <i>Mania</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Smith</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Patty Mills</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>near Allen</i> Town		Age <i>83</i> Years		Months Days	
Date of death 1903	Month <i>July</i>	Day <i>13</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>William Mills</i>					
Father's Name			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Samuel C. Twilly</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>No Doctor</i>	How long <i>72 Hrs</i>	<i>Died</i>
Immediate <i>I don't know</i>	How long <i>suddenly</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Hill</i>	
	Address <i>Undertaker</i>	
Accident or Suicide?	<i>Schubert</i>	



Name  
in  
Full

Elisabeth E Mitchell

## CERTIFICATE OF DEATH

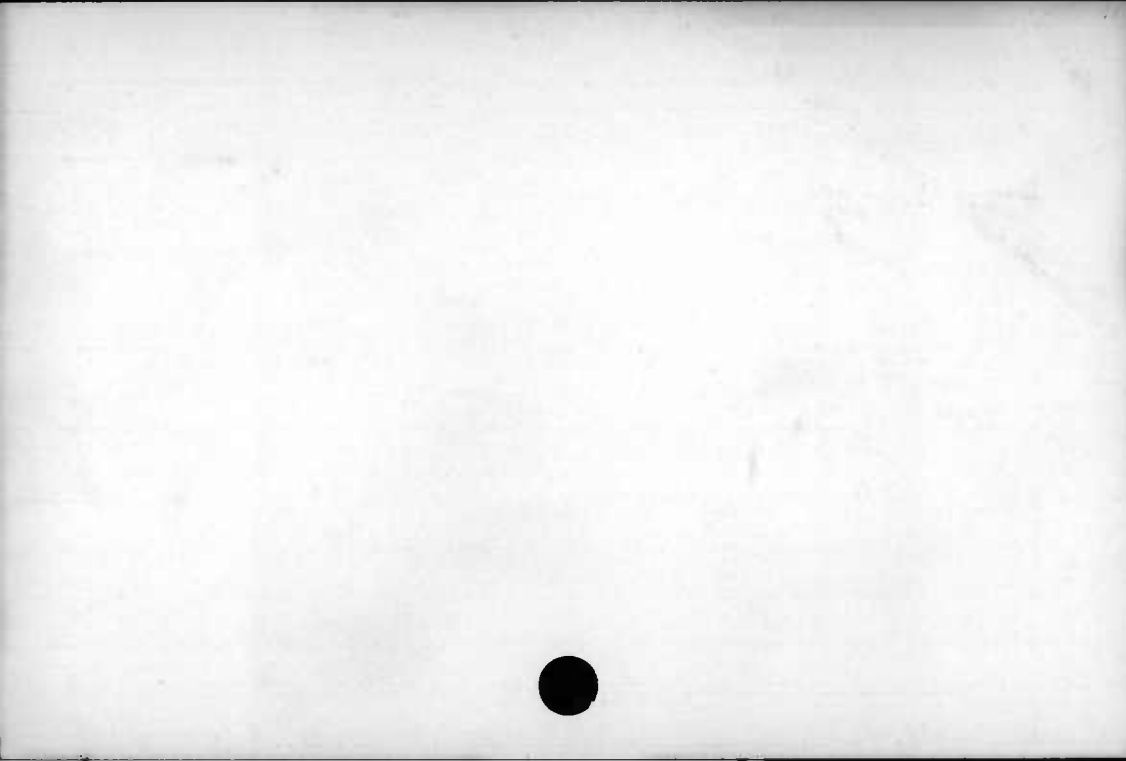
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>2</u>	Age <u>60</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Housework</u>		
Name of Wife or Husband					
Father's Name <u>George T Mitchell</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Susan Reddish</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>G E Mitchell</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Suppose Rheumatism</u>	How long	<u>179</u>	How long	<u>10 years</u>
Immediate					
Are the name, age, sex, color, date and place correctly given above? <u>yes so far as we know</u>		Signature of Physician <u>D C Holloman, Jr</u>			
		Address <u>Salisbury Md</u>			
Accident or Suicide?		<u>under a tree</u>			





Name  
in  
Full

## CERTIFICATE OF DEATH

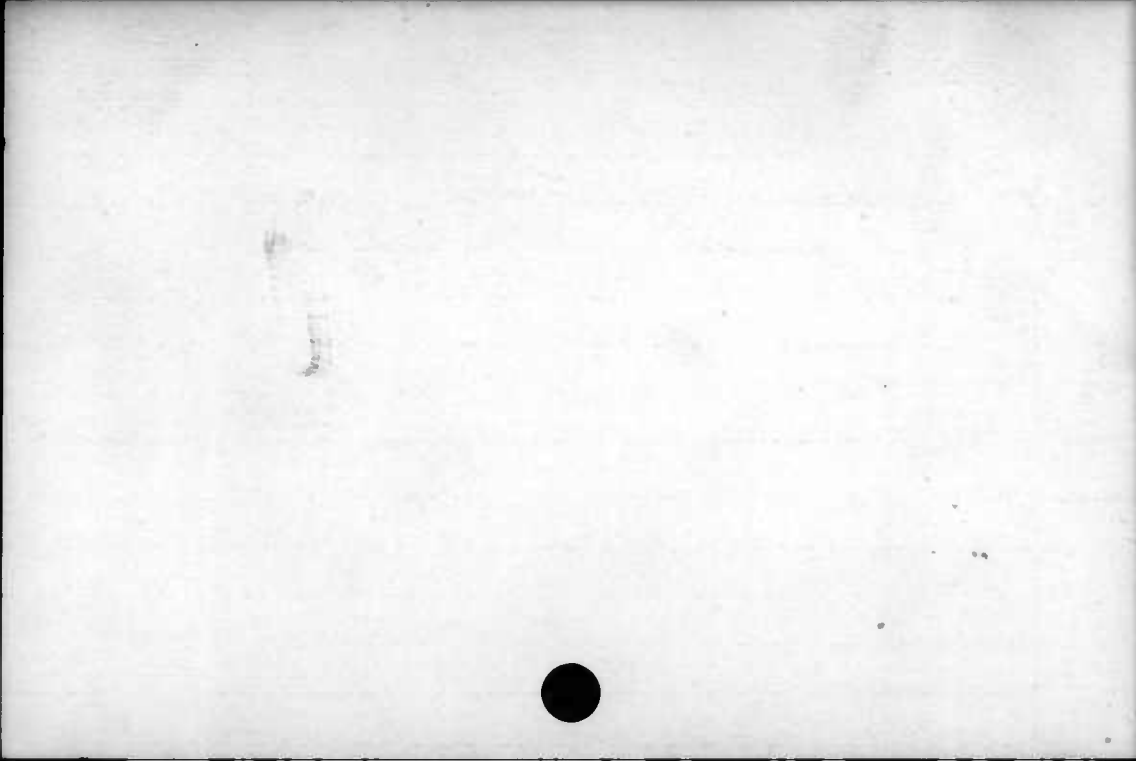
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>3</i>	<i>July 23</i> Month	<i>Thursday</i> Day	<i>64</i> Years	<i>2</i> Months	<i></i> Days
Sex <i>male</i>	Color or Race <i>White</i>		Birthplace <i>Delaware</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>clerk</i>		
Name of Wife or Husband <i>Hannie Morris</i>					
Father's Name <i>John Morris</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Williams</i>			Mother's Birthplace <i>Del</i>		
Name of person giving information <i>J. Morris</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart trouble</i>	How long <i>unknown</i>
Immediate <i>Heart failure</i>	How long <i>few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>James D. Smith</i>
	Address <i>Salisbury Del</i>
Accident or Suicide? <i>/</i>	



Name in Full

Certificate of Death

Riley Mumford

Town

County

Died at Salisbury

Wicomico

MARYLAND

Date 189 <sup>1903</sup>   
 Month July Day 1 Y. M. D. Age 56 Native of Md Occupation Farmer   
 Male White Married Widow Divorced   
~~Female~~ Colored Single Widower Number of children living

 Husband  
 of  
 Wife

Father's

Mother's

Name

Name

Cause of Death { Primary Hemiplegia  
 Immediate

How long sick

20 days

Accident, Suicide, Homicide

Reported by

L. C. Freeny

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

CHAPTER

Name in Full

Certificate of Death

Riley Mumford

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903

July 1st

Age

50

Maryland Laborer

Male

~~Female~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

8

Husband

of

Wife

Father's

Name

Not known

Mother's

Name

Not known

Cause of

Primary

Hemiplegia

How long sick

Death

Immediate

Failure of heart

Accident, Suicide, Homicide

Reported by

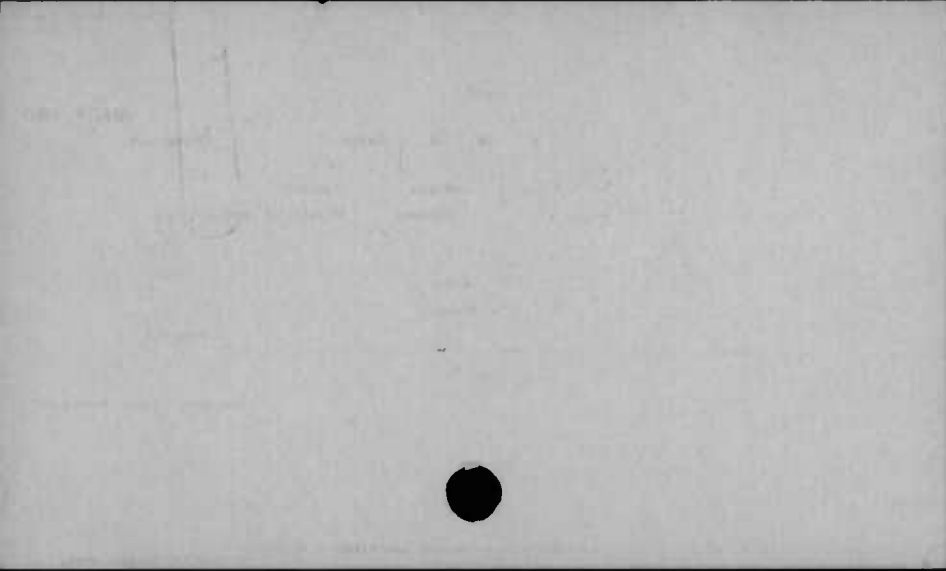
Dr. L. C. Freemy

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name  
in  
Full

Elizabeth P. Parsons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pittsville</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	Day <i>18</i>	Age <i>81</i>	Years	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Wicomico Co.</i>				
<del>Married, Single</del> or Widowed				Occupation			
Name of Wife or Husband <i>Ritchey Parsons</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased <i>son-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bilious diarrhea</i>	How long	<i>30 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. Rathiff Farlow, undertaker</i>	
		Address <i>New Hope, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Alison H. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>McCombe</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>25</i>	Age <i>61</i> Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Railway Business</i>			
Name of Wife or Husband <i>Eva Parsons</i>					
Father's Name <i>Alison Parsons</i>				Father's Birthplace	
Mother's Maiden Name <i>Leah Parsons</i>				Mother's Birthplace	
Name of person giving information <i>W E Humphreys</i>				How related to deceased <i>Brother Gen.</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Embolicism of cerebral artery</i>	How long <i>Immediate</i>
Immediate <i>Syncope</i>	How long <i>Five minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

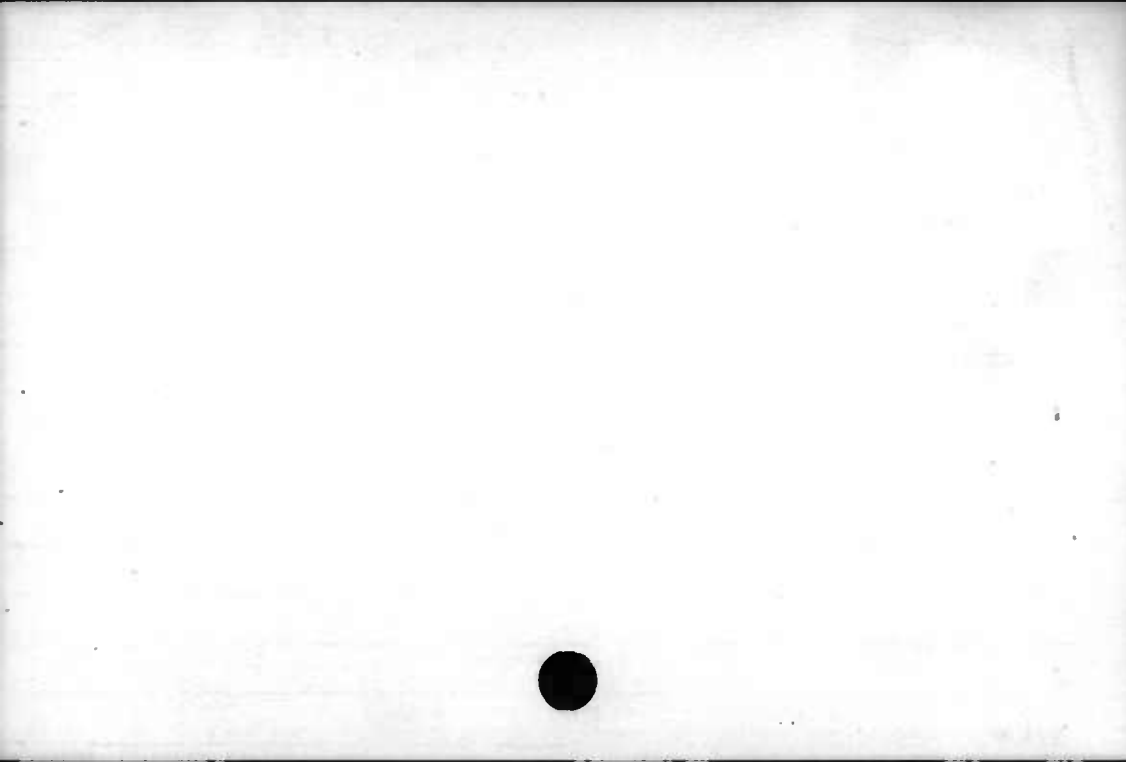
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wilson L Parsons</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>25</i>		Age Years <i>11</i> Months <i>17</i> Days	
Date of death 190 <i>3</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Salisbury</i>	
Married, Single or <del>Widowed</del>				Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>James H Parsons</i>				Father's Birthplace <i>Wicomico</i>			
Mother's Maiden Name <i>Stella M Parker</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>James H Parsons</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion &amp; heat</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. E. Price</i>	
		Address <i>Salisbury</i>	
Accident or Sulcida?			



*Morris S. Perry*

Town

County

Died at

*Salisbury Wicomico*

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

*July 20*

Age

*2-7*

*Maryland*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Richard F. Perry*

Mother's

Maiden Name

*Mary E. Hazen*

How long sick

Cause of

Primary

Death

Immediate

*I don't know*

Accident, Suicide, Homicide

Reported by

*No Doctor*

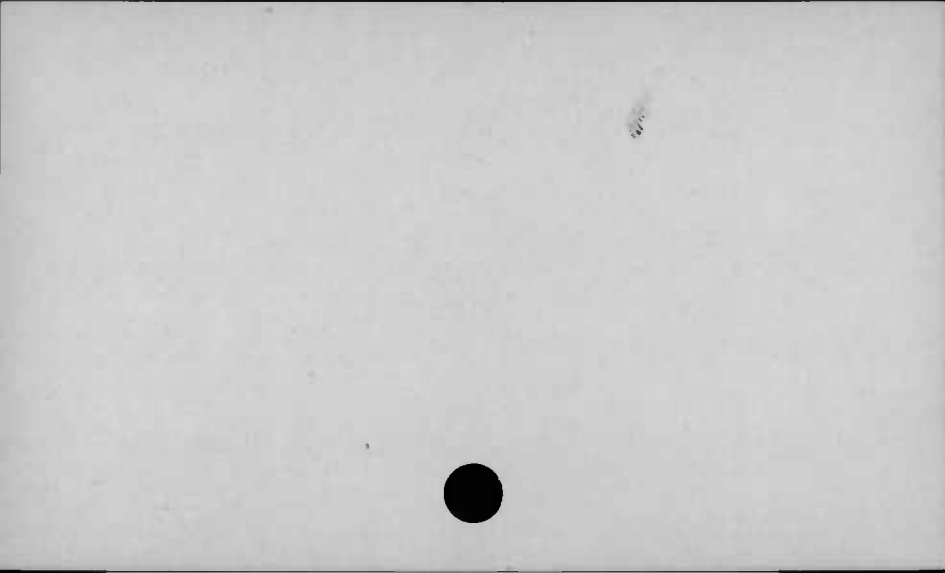
*Geo. C. Hill*

Address

*Undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*Salisbury Md.*



Name in Full

Certificate of Death

Vina Punte

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Baltimore Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65966





Name  
in  
Full

## CERTIFICATE OF DEATH

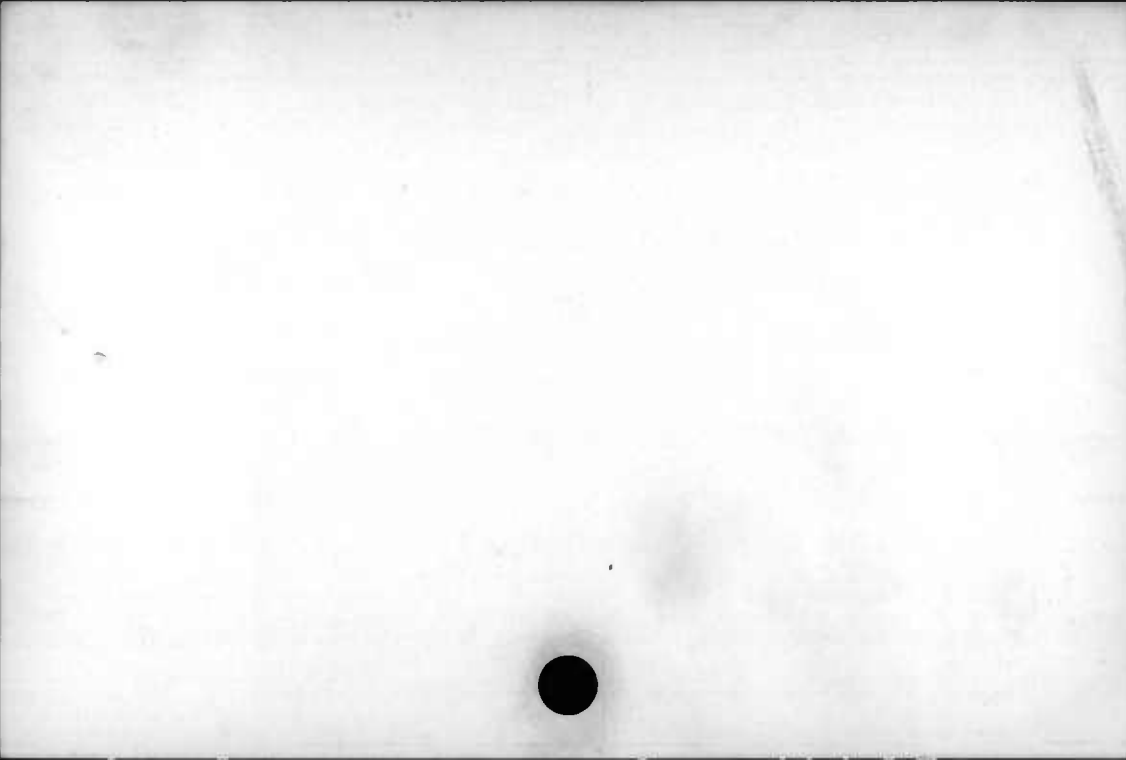
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Greenbury E Purnell</i>				Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>8</i>		Age <i>71</i>		Years <i>6</i> Months <i>6</i> Days	
Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>8</i>		Age <i>71</i>		Years <i>6</i> Months <i>6</i> Days	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury Md</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Orlander Purnell</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Twilley</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Orlander Purnell</i>				How related to deceased <i>Brother</i>					

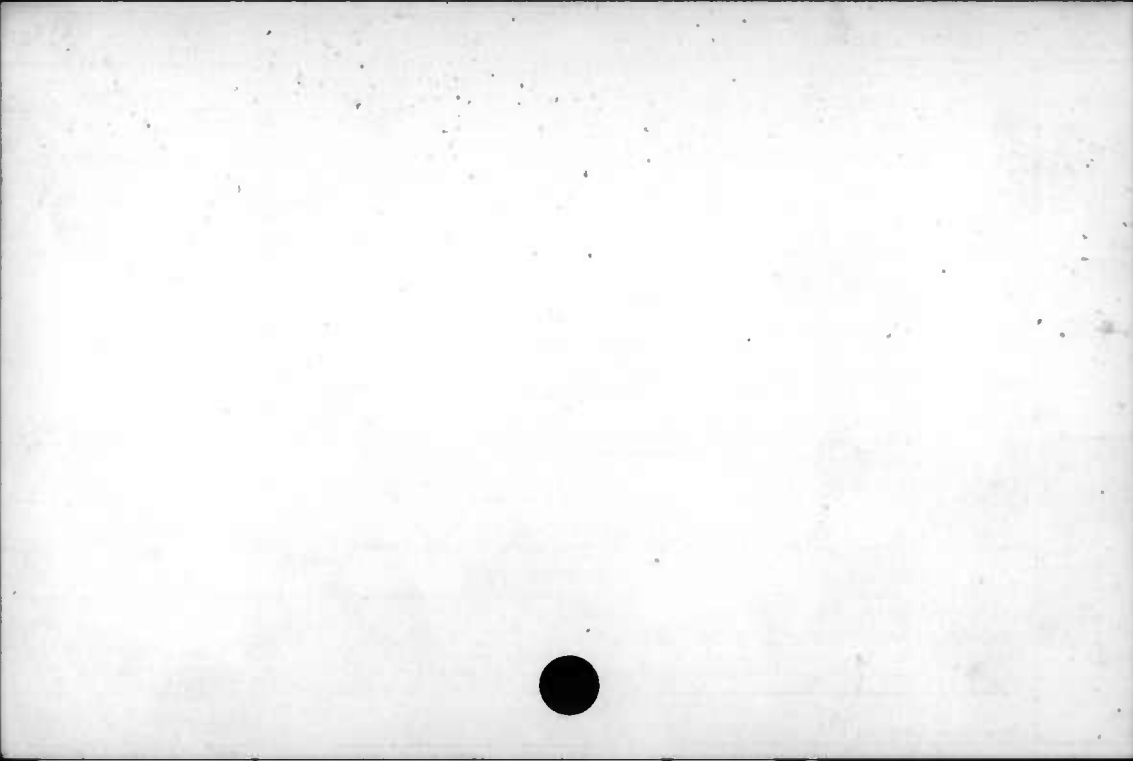
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Spasms</i>		How long <i>one day</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L C Holloway &amp; Co</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?		<i>Murder</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND
	Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>24</i>	Age <i>1</i> Years	Months <i>6</i> Days <i>23</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Salisbury Md</i>		
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Charles A Turner</i>			Father's Birthplace <i>Md</i>	
	Mother's Maiden Name <i>Fannie Adams</i> <i>105</i>			Mother's Birthplace <i>Md</i>	
	Name of person giving information <i>Charles A Turner</i>			How related to deceased <i>Father</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>			How long <i>1 or two days</i>	
	Immediate <i>Diarrhea</i>			How long <i>5 or 6 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Geo. W. Todd</i>	
				Address <i>Salisbury, Md</i>	
	Accident or Suicide?				



Name  
in  
Full

Robert Trillee

## CERTIFICATE OF DEATH

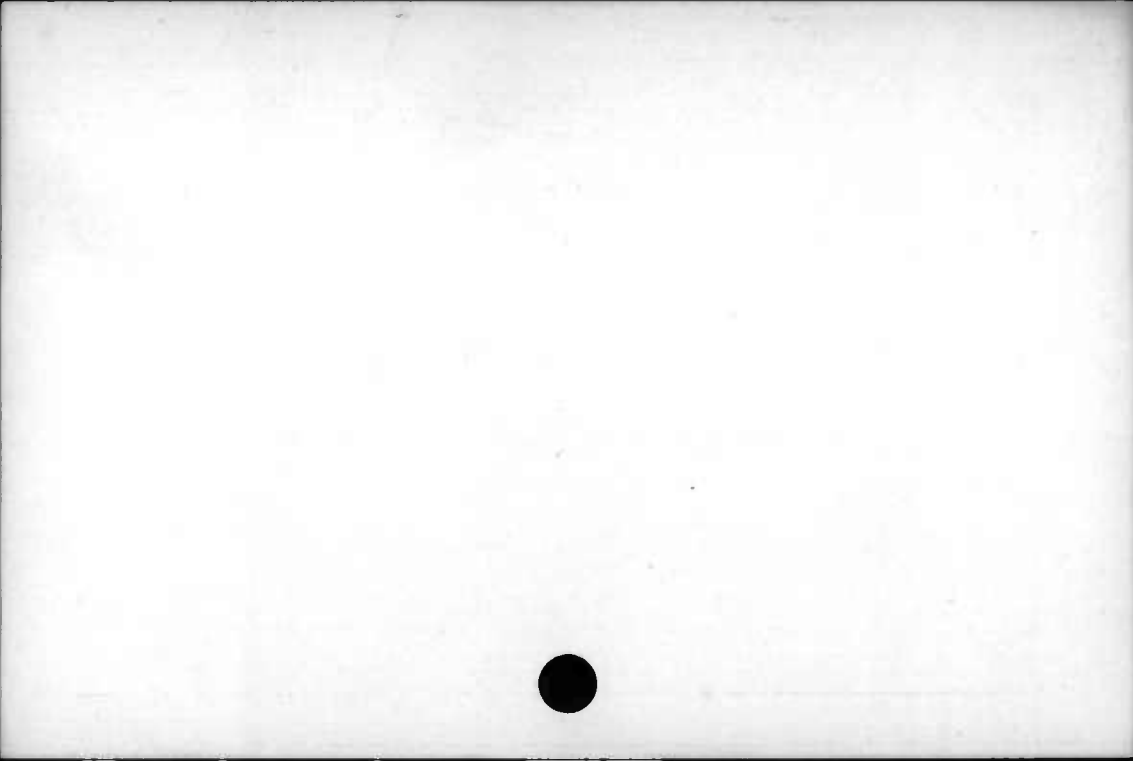
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dalisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>7</i>	Age <i>80</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Formerly Farmer</i>				
Name of Wife or Husband <i>Hester Hearn</i>			<i>74</i>		
Father's Name <i>George Trillee</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Shackley</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>W. A. Tracer</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Inflammation Brain &amp; Membranes</i>	How long <i>6 to 12 months</i>
Immediate <i>General Transition</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. M. Simmons</i>
	Address <i>Dalisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

David Lee Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fruitland</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>13</i>	Age <i>15</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farm hand</i>			
Name of Wife or Husband					
Father's Name <i>Dulang Wright</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Anderson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William R. Gale</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Perforation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. M. Wright</i>
Accident or Suicide? <i>No</i>	Address <i>Salisbury, Md.</i>

